

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (12/97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number H0001797

First Named Inventor Michael J. Gibbs

COMPLETE IF KNOWN

Application Number 09 / 715,308

Filing Date November 17, 2001

Group Art Unit 3661

Examiner Name TBA

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR ENTERING DATA WITHIN A FLIGHT PLAN ENTRY FIELD

the specification of which (Title of the Invention)

☐ Is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

11/17/2000

as United States Application Number or PCT International

Application Number 09/715,308 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(a) of any United States provisional application(s) listed below.

Application Number(s) Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box ☐PTO/SB/01 (12/97)
Approved for use through 9/30/00. OMB 0851-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION ---- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transmit all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 20322 ☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
William C. Anderson	28,147		
Ian MacKinnon	34,660		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 00128 OR ☒ Correspondence address below

Name	Honeywell International Inc.		
Address	Law Dept. AB2		
Address	P.O. Box 2245		
City	Morristown	State	NJ
		ZIP	07962-9806
Country	USA	Telephone	602/382-1900
		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

☐ A petition has been filed for this unsigned inventor

Name of Sole or First Inventor:

Given Name (first and middle [if any])	Family Name or Surname
Michael J.	Gibbs

Inventor's Signature		Date	2/12/01
----------------------	---	------	---------

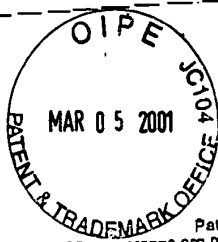
Residence: City	Phoenix	State	AZ	Country	USA	Citizenship	USA
-----------------	---------	-------	----	---------	-----	-------------	-----

Post Office Address	15809 North 8th Place		
---------------------	-----------------------	--	--

Post Office Address			
---------------------	--	--	--

City	Phoenix	State	Arizona	ZIP	85022	Country	USA
------	---------	-------	---------	-----	-------	---------	-----

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (12/97)
Approved for use through 8/30/98. OMB 0851-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>4</u>
--------------------	---

Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Debi	Family Name or Surname Van Omen		
Inventor's Signature <i>Debi Van Omen</i>	Date <u>2-14-01</u>		
Residence: City Scottsdale	State Arizona	Country USA	Citizenship USA
Post Office Address 7629 East Phantom Way			
Post Office Address			
City Scottsdale	State AZ	ZIP 85255	Country USA
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Michael B.	Family Name or Surname Adams		
Inventor's Signature <i>Michael B. Adams</i>	Date <u>2/13/01</u>		
Residence: City Scottsdale	State Arizona	Country USA	Citizenship USA
Post Office Address 5419 E. Corrine Drive			
Post Office Address			
City Scottsdale	State AZ	ZIP 85254	Country USA
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Karl L.	Family Name or Surname Chase		
Inventor's Signature <i>Karl L. Chase</i>	Date <u>2/13/01</u>		
Residence: City Glendale	State Arizona	Country USA	Citizenship USA
Post Office Address 4335 W. Villa Rita Drive			
Post Office Address			
City Glendale	State AZ	ZIP 85308	Country USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (12/97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>4</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Daniel E.		Lewis	
Inventor's Signature	<i>Daniel E. Lewis</i>		Date
Residence: City	Glendale	State	Arizona
		Country	USA
Post Office Address	5353 Whispering Wind Drive		
Post Office Address			
City	Glendale	State	AZ
		ZIP	85310
		Country	USA

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Daniel E.		McCrobie	
Inventor's Signature	<i>Daniel McCrobie</i>		Date
Residence: City	Scottsdale	State	Arizona
		Country	USA
Post Office Address	10591 East Autumn Sage Drive		
Post Office Address			
City	Scottsdale	State	AZ
		ZIP	85259
		Country	USA

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
		Country	
Post Office Address			
Post Office Address			
City		State	
		ZIP	
		Country	

Burdens Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.